

PERMIT APPLICATION FOR MUNICIPALITIES OF DADE COUNTY (NORTH MIAMI)

Date _____ Job Address _____ Tax Folio _____
Legal Description _____ Master Permit # _____
Owner _____ Tenant _____
Owner's Address _____ Day-Time Phone _____
Contracting Co. _____ Address _____
Qualifier _____ SS# _____ - _____ - _____ Phone _____
State # _____ Competency # _____ Ins. Co. _____
Architect/Engineer _____ Address _____
Bonding Company _____ Address _____
Mortgagor _____ Address _____

Permit Type: ROOFING BUILDING ELECTRICAL PLUMBING MECHANICAL PAVING
 FENCE SIGN DOCK PAINT SHED POOL

Application is hereby made for a permit to do work & installation as indicated. I understand that separate permits are required for Electrical, Plumbing, Signs, Pools, Roofing, & Mechanical work.

WORK DESCRIPTION: Circle One of the following: COMMERCIAL RESIDENTIAL

Square Ft. _____ Estimated Cost _____

WARNING TO OWNER: YOU MUST RECORD A **NOTICE OF COMMENCEMENT** AND YOUR FAILURE TO DO SO MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING THE NOTICE. **A BACKFLOW PREVENTION DEVICE PERMIT AND CERTIFICATION TEST** MAY BE REQUIRED IN ACCORDANCE WITH ORDINANCE #825. CALL THE PUBLIC WORKS DEPT. AT (305) 787-1001 OR VISIT THEIR OFFICE AT 1815 NE 150 ST.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate, and that all work will be done in compliance with all applicable laws regulating construction and zoning. Furthermore, I authorize the above-named contractor to do the work stated.

Signature of Property Owner or Condo President

ADMINISTERED OATH
SWORN TO & SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 200____.

Signature of NOTARY to Onwer/Condo President

(Print, Type, or Stamp Commissioned Name)

Personally Known _____ or Produced I.D. _____

Type of I.D. produced _____

FEE _____ Zoning _____ Building _____ Electrical _____

_____ Mechanical _____ Plumbing _____ Engineering _____

Signature of Contractor

ADMINISTERED OATH
SWORN TO & SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 200____.

Signature of NOTARY to Contractor

(Print, Type, or Stamp Commissioned Name)

Personally Known _____ or Produced I.D. _____

Type of I.D. produced _____

THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE RECEIVED. APPLICATION AND ALL ATTACHMENTS WILL BE DESTROYED AFTER THAT DATE IF PERMIT IS NOT ISSUED.

**CITY OF NORTH MIAMI
COMMUNITY PLANNING & DEVELOPMENT DEPARTMENT**

ROOFING-PERMIT FEE SHEET

Please enter the square footage for the roofing work you are performing in the space provided next to the appropriate roof type for your job. Listed below each roof type is the minimum requirement for the roof. If your type does fit in the specific categories listed, please see a building processor or inspector. All roofing systems must be installed as per Florida Building Code, Manufactures Specification, Product Control approvals and protocols.

Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. I understand that perjury is a felony of the third degree.

_____(L.S.)
Signature

This application is for a ☒ **New Roof** ☒ **Re-Roof** ☒ **Repair** ☒ **Recovery**
Repair required inspections: **009-Time of installation** **001-Final**

CATEGORY 92 – LOW SLOPE APPLICATIONS (GRAVEL, SMOOTH, MODIFIED, SINGLE PLY EPDM,SPRM)

Fee Code	Description	Fee Calculations	Units	# of Units	Fee
B104	Roofing (Groups H and I)	.10 per sq. ft of roof coverage	Sq. Ft	_____	_____
B116	Roofing (Other Groups)	.10 per sq. ft up to 30,000 sq. ft. .07 per sq. ft. thereafter	Sq. Ft	_____	_____

MINIMUM CODE REQUIREMENTS:

One approved glass base sheet tin capped in place.
Two layers of #15 fiberglass felt set in hot asphalt.
Flood coat of hot asphalt into which gravel is embedded
Minimum 26 gauge galvanized gravel stop/drip edge.

REQUIRED INSPECTIONS

059-Before anchor sheet is covered
001-Final

**ROOF PITCH REQUIREMENTS –NO MINIMUM
3:12 MAXIMUM ON GRAVEL.**

CATEGORY 93-TILE ROOF (NAIL ON APPLICATION)

Fee Code	Description	Fee Calculations	Units	# of Units	Fee
B105	Roofing (Groups H and I)	0.13 per sq. ft of roof coverage	Sq. Ft.	_____	_____
B117	Roofing (Other Groups)	0.13 per sq. ft up to 30,000 sq. ft .07 per sq. ft thereafter	Sq. Ft.	_____	_____

MINIMUM CODE REQUIREMENTS:

As per Notice of Acceptance and Product Control Approvals.

REQUIRED INSPECTIONS

059- Anchor sheet inspection
010- Tile placing
001- Final

CATEGORY 94-TILE ROOF (MORTAR SET APPLICATION)

Fee Code	Description	Fee Calculations	Units	# of Units	Fee
B105	Roofing (Groups H and I)	0.13 per sq. ft of roof coverage	Sq. Ft.	_____	_____
B117	Roofing (Other Groups)	0.13 per sq. ft up to 30,000 sq. ft .07 per sq. ft thereafter	Sq. Ft.	_____	_____

MINIMUM CODE REQUIREMENTS:

One layer of #30 felt tin capped 12" O.C.
One layer of #90 ASTM mineral surfaced slate set in hot asphalt.
Minimum 26 gauge galvanized eaves drip and valley metal.
Tile set in appropriate mortar base as per Notice of Appearance.
Pull test required prior to final inspection.

REQUIRED INSPECTIONS

059- Anchor sheet inspection
063- Cap sheet inspection
010- Tile placing
001- Final

ROOF PITCH REQUIRED:

As per Notice of Appearance

CATEGORY 95-SHINGLES (ASPHALT, FIBERGLASS, SBS)

Fee Code	Description	Fee Calculations	Units	# of Units	Fee
B104	Roofing	.10 per sq. ft of roof coverage	Sq. Ft.	_____	_____
B116	Roofing (Other Groups)	.10 per sq. ft up to 30,000 sq. ft .06 per sq. ft thereafter	Sq. Ft.	_____	_____

MINIMUM CODE REQUIREMENTS:

One #30 ASTM D-226
Tin cap 6" o.c. on laps and 12" o.c. on field
Six (6) nails per shingle
16" Valley Metal over Mineral Felt
Dade County approved shingles

REQUIRED INSPECTIONS

059- Anchor sheet inspection
009- Time of installation
001- Final

ROOF PITCH REQUIREMENTS : 2:12

CATEGORY 96-SHINGLES (METAL ROOFS/WOOD SHINGLES & SHAKES)

Fee Code	Description	Fee Calculations	Units	# of Units	Fee
B104	Roofing	.10 per sq. ft of roof coverage	Sq. Ft.	_____	_____
B116	Roofing (Other Groups)	.10 per sq. ft up to 30,000 sq. ft .06 per sq. ft thereafter	Sq. Ft.	_____	_____

MINIMUM CODE REQUIREMENTS:

See Chapter 34 of the S.F.B.C. manufacturer's specifications
Protocol and Product Control approvals

REQUIRED INSPECTIONS

009- Time of installation
001- Final

WARNING

- A) Chapter 455 of the Florida Statutes provides for fines in the amount of \$500.00 to \$5,000.00 for any consumer (owner-builders, contractor, etc), who "aids and abets the unlicensed practice of a professional employing such unlicensed person."
- B) A Product Control "Notice of Acceptance" and method of installation must be provided at time of permit application and posted at jobsite for inspection on all roofing system.
- C) The Contractor or owner-builder must provide an O.S.H.A. APPROVED ladder for two or more stories for roof access at the time of inspection. Failure to do so, will result in reinspection fee.

2 Copies

Florida Building Code Edition 2002
HIGH VELOCITY HURRICANE ZONE UNIFORM ROOFING PERMIT APPLICATION

INSTRUCTION PAGE

COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND ATTACH THE REQUIRED DOCUMENTS AS NOTED BELOW.

Roof System	Required sections of the Permit Application Form	Attachments Required See List Below
Low Slope Application	A,B,C	1,2,3,4,5,6,7
Prescriptive BUR RAS 150	A,B,C	4,5,6,7
Asphatic Shingles	A,B,D	1,2,4,5,6,7
Concrete or Clay Tile	A,B,D,E	1,2,3,4,5,6,7
Metal Roofs	A,B,D	1,2,3,4,5,6,7
Wood Shingles and Shakes	A,B,D	1,2,4,5,6,7
Other	As Applicable	1,2,3,4,5,6,7

REQUIRED ATTACHMENTS

1. Fire Directory Listing Page
2. From Notice of Acceptance:
 - Front Page
 - Specific System Description
 - 9 Specific System Limitations
 - General Limitations
 - Applicable Detail Drawings
3. Design Calculations per Chapter 16, or if applicable, RAS 127 or RAS 128
4. Other Component Notice of Acceptances
5. Municipal Permit Application
6. Owners Notification for Roofing Considerations (Re-roofing Only)
7. Any Required Roof Testing/Calculation Documentation

Any other additional data reasonably required by the Building **Official** to determine the integrity of the roofing system.

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Section A (General Information)

Master Permit No. _____ Process No. _____

Contractor's Name _____

Job Address _____

Roof Category

☐ Low slope ☐ Mechanically Fastened Tile ☐ Mortar/Adhesive Set Tile
☐ Asphaltic Shingles ☐ Metal Panel/Shingles ☐ Wood Shingles/Shakes
☐ Prescriptive BUR-RAS 150

Roof Type

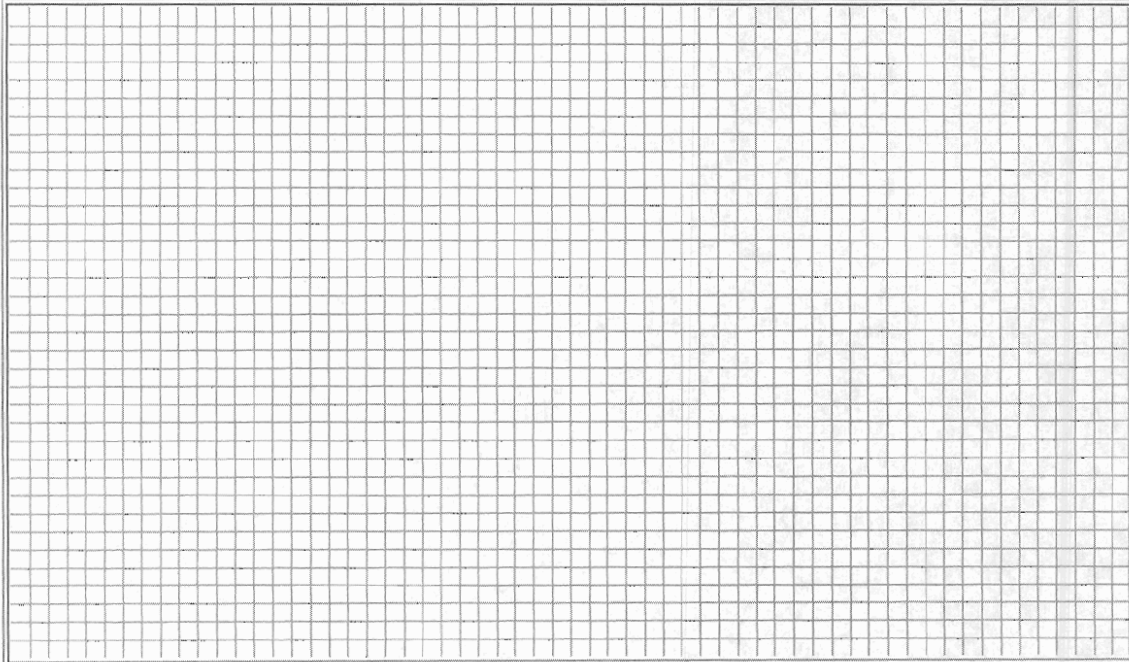
☐ New Roof ☐ Re-roofing Recovering ☐ Repair ☐ Maintenance

Roof System Information

Low Slope Roof Area (SF) Steep Sloped Roof Area (SF) Total (SF)

Section B (Roof Plan)

Sketch Roof Plan: Illustrate all levels and sections, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels; clearly identify dimensions of elevated pressure zones and location of parapets.



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Section C (Low Sloped Roof System)

Fill in the specific Roof Assembly Components
 and Identify Manufacturer
 (If a component is not used, identify as "NA")

System Manufacturer: _____

NOA No: _____

Design Wind Pressures, Fmm RAS 128 or Calculations:

Pmax 1: _____ Pmax 2: _____ Pmax 3: _____

Maximum Design Pressure, From the Specific NOA
 System: _____

Deck:
 Type: _____

Gauge/Thickness: _____

Slope: _____

Anchor/Base Sheet & No. of Ply(s): _____

Anchor/Base Sheet Fastener/Bonding Material:

Insulation Base Layer: _____

Base Insulation Size and Thickness _____

Base Insulation Fastener/Bonding Material:

Top Insulation Layer: _____

Top Insulation Size and Thickness: _____

Top Insulation Fastener/Bonding Material:

Base Sheet(s) & No. of Ply(s): _____

Base Sheet Fastener/Bonding Material:

Ply Sheet(s) & No. of Ply(s): _____

Ply Sheet Fastener/Bonding Material:

Top Ply: _____

Top Ply Fastener/Bonding Material:

Surfacing: _____

Fastener Spacing for **Anchor/Base** Sheet
 Attachment

Field: _____ "o/c @ laps & _____ rows @ _____ "o/c

Perimeter: _____ "o/c @ laps & _____ rows @ _____ "o/c

Corner: _____ "o/c @ laps & _____ rows @ _____ "o/c

Number of Fasteners Per Insulation Board

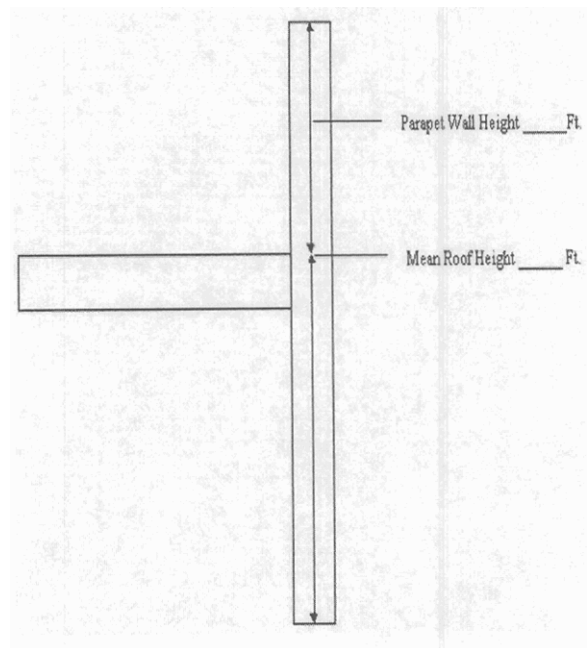
Field _____ Perimeter _____ Corner _____

Illustrate Components Noted and Details

As Applicable:

Woodblocking, Gutter, Edge Terminations,
 Stripping,, Flashing, Continuous Cleat, Cant
 Strip, Base Flashing, Counter-flashing,, Coping,
 Etc.

Indicate: Mean Roof Height, Parapet Height, Height
 of Base Flashing, Component Material, , Material
 Thickness, Fastener Type, Fastener Spacing
 Or: Submit Manufacturers Details that Comply with
 RAS-111 and Chapter 16



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Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____

Notice of Acceptance Number: _____

Minimum Design Wind Pressures, If Applicable (from RAS 127 or Calculations):

P 1: _____ **P2:** _____ **P3:** _____

**Maximum Design Wind Pressure
(From the NOA Specific System):** _____

Method of tile attachment: _____

Steep Sloped Roof System Description

Deck Type: _____

Underlayment Type: _____

Insulation: _____

Fire Barrier: _____

Fastener Type & Spacing: _____

Adhesive Type: _____

Type Cap Sheet: _____

Roof Covering: _____

**Type & Size Drip
Edge:** _____

Roof Slope
_____:12

Ridge Ventilation?

Mean Roof Height:

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HIGH VELOCITY HURRICANE ZONE UNIFORM ROOFING PERMIT APPLICATION

SECTION E (Tile Calculations)

For moment based tile systems, **choose** either Method 1 or 2. Compare the values for M_r with the values from M_r . If the M_r values are greater than or equal to the M_r values, for each area of the roof, then the tile attachment method is acceptable.

Method 1 "Moment Based Tile Calculations Per **RAS 127**"

$$\begin{array}{llll} P_1: & x \lambda & = &) -M_g: & = & M_{r1}: & \text{NOA } M_r: & \\ P_2: & x \lambda & = &) -M_g: & = & M_{r1}: & \text{NOA } M_r: & \\ P_3: & x \lambda & = &) -M_g: & = & M_{r1}: & \text{NOA } M_r: & \end{array}$$

Method 2 "Simplified Tile Calculation Per Table Below"

Required Moment of Resistance (M_r) From Table Below: _____ NOA M_r : _____

M_r Required Moment Resistance*					
Mean Roof Height Roof Slope	15'	20'	25'	30'	40'
2:12	34.4	36.5	38.2	39.7	42.2
3:12	32.2	34.4	36.0	37.4	39.8
4:12	30.4	32.2	33.8	35.1	37.3
5:12	28.4	30.1	31.6	32.8	34.9
6:12	26.4	28.0	29.4	30.5	32.4
7:12	24.4	25.9	27.1	28.2	30.0

*This table must be used in conjunction with a list of moment based tile systems endorsed by the Brevard County Board of Rules and Appeals.

For **uplift** based tile systems use Method 3. Compare the values for F' with the values for F_r . If the F' values are greater than or equal to the F_r values, for each area of the roof, then the tile attachment method is **acceptable**.

Method 3 "Uplift Based Tile Calculations Per **RAS 127**"

$$\begin{array}{llll} (P_1: & x l: & = & x w: &) - w: & x \cos \theta: & = & F_{r1}: & \text{NOA } F': & \\ (P_2: & x l: & = & x w: &) - w: & x \cos \theta: & = & F_{r2}: & \text{NOA } F': & \\ (P_3: & x l: & = & x w: &) - w: & x \cos \theta: & = & F_{r3}: & \text{NOA } F': & \end{array}$$

Where to Obtain Information

Description	Symbol	Where to Find
Design Pressure	P1 or P2 or P3	RAS 127 Table 1 or by an engineering analysis prepared by a P.E. based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	NOA
Restoring Moment due to Gravity	M_g	NOA
Attachment Resistance	M_r	NOA
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F'	NOA
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	W	NOA
Tile Dimensions	l = length w = width	NOA

All calculations must be submitted to the Building Official at the time of permit application.



City of North Miami
Community Planning & Development Department

Owner's Notification for Roofing **Permits** issued **under the** Florida Building Code

Section 1524 • High Velocity Hurricane Zones **Required** Owners Notification for **Roofing** Considerations

1524.1 As it pertains to this section, it is the responsibility of the roofing contractor to provide the owner with the required roofing permit, and to explain to the owner the content of this section.. The provisions of Chapter 15 of the Florida Building Code, Building govern the minimum requirements and standards of the industry for roofing system installations. Additionally, the following **items** should be addressed as part of the agreement **between** the owner and the contractor. The owner's initial in the adjacent box indicates that the item has been explained.

_____1. Aesthetics-Workrnanshlp:The workmanship provisions of Chapter 15 (High Velocity Hurricane Zone) are for the purpose of providing that the roofing system meets the wind resistance and water intrusion performance standards. Aesthetics (appearance)issues are not a considerationwith respect to workmanship provisions. Aesthetic issues such as color or architectural appearance, that are not part of a zoning code, should be addressed as part of the agreement between the owner and the contractor.

_____2. Renailing Wood Decks: When replacing roofing, the existing wood roof deck may have to be **renailed** in accordance with the current provlsions of Chapter 16 (High Velocity Hurricane Zones) of the Florida Building Code. (The roof deck is usually concealed prior to removing the existing roof **system**).

_____3. Common Roofs: Common roofs are those which have no visible delineation between neighboring units (i.e. townhouses, condominiums, etc.). In buildings with common roofs, the roofing contractor **and/or** owner should notify the occupants of adjacent units of roofing work to be performed.

_____4. Exposed Ceilings: Exposed, open beam ceilings are where the underside of the roof decking can be viewed from below. The owner may wish to maintain the architectural appearance, therefore, roofing nail penetrations of the underside of the decking may not be acceptable. The Florida Building Code provides the option of maintaining this appearance.

_____5. Ponding Water: The current roof system **and/or** deck of the building may not drain well and may cause water to pond (accumulate) in low-lying areas of the roof. Ponding can be an indication of structural distress and may require the review of a professional structural engineer. Ponding may shorten the life expectancy and performance of the new roofing system. Ponding conditions may not be evident until the original roofing system is removed. **Ponding** conditions should be corrected.

_____6. Overflow scuppers (wall outlets): It is required that rainwater flow off so that the roof is not overloaded from a build up of water. **Perimeter/edge** walls or other roof extensions may block this discharge'if overflow scuppers (wall outlets) are not provided. It may be necessary to install **overflow** scuppers in accordance with the Florida Building Code. Plumbing.

_____7. Ventilation: Most roof structures should have some ability to vent natural **airflow** through the interior of the structural assembly (the building itself). The existing amount of attic ventilation shall not be reduced. It may be beneficial to consider additional venting which can result in extending the **service** life of the roof.

Owner's/Agent's Signature

_____/_____/_____
Date

Contractor's Signature

NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

PERMIT NO. _____ TAX FOLIO NO. _____

STATE OF FLORIDA:

COUNTY OF MIAMI-DADE:

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Legal description of property and street/address: _____

2. Description of improvement: _____

3. Owner(s) name and address: _____

Interest in property: _____

Name and address of fee simple titleholder: _____

4. Contractor's name and address: _____

5. Surety: (Payment bond required by owner from contractor, if any)

Name and address: _____

Amount of bond \$ _____

6. Lender's name and address: _____

7. Persons within the state of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes,

Name and address: _____

8. In addition to himself, Owners designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Name and address: _____

9. Expiration date of this Notice of Commencement: (the expiration date is 1 year from the date of recording unless a different date is specified) _____

Signature of Owner

Print Owner's Name _____ Prepared by _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Address: _____

Notary Public _____

Print Notary's Name _____

My commission expires: _____

Space above this line for recording

**NOTICE OF TERMINATION
OF NOTICE OF COMMENCEMENT**

TO WHOM IT MAY CONCERN:

The undersigned hereby informs you that the certain NOTICE OF COMMENCEMENT filed on _____, and recorded in Official Records _____ of the
(Date)
Public Records of Miami-Dade County, Florida, is hereby **terminated** effective immediately. This Notice of Termination of Notice of Commencement is intended to apply to all of the real property described as follows:

Affiant further states that he is familiar with the nature of an oath, and with the penalties as provided by the laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature. Affiant farther states that he has read, or has heard read to him the full facts of this Affidavit and understands its context.

FURTHER AFFIANT SAYETH NAUGHT.

Name: _____

Title: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this _____ day of _____
20____, by _____, who is personally known to me or who has
produced _____ as identification.

NOTARY PUBLIC, State of Florida
Commission No.:

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

who, being by me first duly sworn, deposes and says that he is qualified to do, and he will do the

himself, or with the assistance of a qualified person or persons, on the building or premises located at:

The undersigned also affirms that he is the owner of the property at the above address, and that the work done is for his own use and occupancy only, and not intended for resale, and that this work will conform to the requirements of the Florida Building Code and the Ordinances of the City of North Miami. The responsibilities normally assumed by the licensed Contractor are hereby assumed by the undersigned. (Proper insurance must be maintained for workmen's compensation.)

Administered Oath []

Sworn to and subscribed before me this _____ day of _____, 20____.

Personally Known [] or
Produced I.D. []

Type of I.D. Produced:

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

OWNER-BUILDER AFFIDAVIT

DATE: _____

FROM: _____

License # _____

TO: City of North Miami
12400 NE 8 Avenue
North Miami, FL 33161
ATTN: Mr. John Jackson

Sir:

This letter will confirm that we shall not employ any workers on the following listed project other than myself and properly licensed and insured subcontractors.

Project Description: _____

Project Location: _____

North Miami, FL _____
ZIP

Signature

ADMINISTERED OATH

SWORN TO & SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 200____.

Signature of NOTARY

Print, Type, or Stamp Commissioned Name

Personally Known _____ or Produced I.D. _____

Type of I.D. produced _____